

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2014 APR 14 AM 11:02
Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

Minnesota Farm Bureau Federation PAC

ADDRESS (number and street)

P.O. Box 64370



(Check if address
is changed)

St. Paul

CITY ▲

MN

STATE ▲

55164-0370

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

amber.hanson@fbmn.org

Optional Second E-Mail Address

Michelle.degees@fbmn.org

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

www.fbmn.org

2. DATE

04 / 11 / 2014

3. FEC IDENTIFICATION NUMBER ►

00417675

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Amber Hanson

Signature of Treasurer

Amber Hanson

Date

04 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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